

2690

MARGIN RESERVED FOR BENDING

N. B. WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

STANDARD CERTIFICATE OF DEATH

Arizona State Board of Health

BUREAU OF VITAL STATISTICS

State File No. 88-A

1. PLACE OF DEATH

County Greenlee
 Township Duncan
 City _____

State ARIZONA

Registered No. _____

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 4 yrs. 4 mos. 4 ds. How long in U. S. if of foreign birth? 4 yrs. 4 mos. 4 ds.2. FULL NAME Maud JohnsonHow long in state where death occurred? 4 yrs. 4 mos. 4 ds.

(a) Residence: No. _____

Duncan, Arizona

St. _____

Ward _____

(Usual place of abode)

(If non-resident give city or town and state)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, or DIVORCED, (Write the word) Married6a. If married, widowed, or divorced
HUSBAND of John N. Johnson
(or) WIFE of _____6. DATE OF BIRTH (month, day, and year) 1881

7. AGE

57

Years

Months

Days

If LESS than
1 day, hrs.
or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

House Wife

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Hartford,
(State or Country) Arkansas

13. NAME

14. BIRTHPLACE (city or town)
(State or Country)

15. MAIDEN NAME

16. BIRTHPLACE (city or town)
(State or Country)17. INFORMANT Brother
(Address)

18. BURIAL, CREMATION, OR REMOVAL

Place DuncanDate Dec. 10, 1937

19. EMBALMER

License No. _____

Signature _____

FUNERAL DIRECTOR

None

Address _____

20. Filed June 21, 1938 Eugene Romney
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, and year) Dec. 8, 193722. HEREBY CERTIFY, That I attended deceased from Dec. 3, 1937, to Dec. 8, 1937I last saw her alive on Dec. 8, 1937; death is said to have occurred on the date stated above, at 7 A.M.

The principal cause of death and related causes of importance were as follows:

Lobar pneumoniaDate of Onset see 3

Other contributory causes of importance:

organic heart disease
myocardial failureName of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence) fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) Karl L. Life, M. D.(Address) Duncan, Ariz.